

Please be sure to complete both sides of the form

Camp Toras Chaim Health Examination Form 2023
(to be signed by physician)

Return by
mail /email
(PDF) Do not
send a JPG

1052 Highland Pl. Woodmere, NY 11598
camptoraschaim@gmail.com

Child's Name _____

Address _____

Date of Birth / / _____

Home Phone: _____

Cell or Bus. (F) _____

Cell or Bus. (M) _____

Emergency Contact Name _____

Relation / Number /

CAMP TORAS CHAIM SUMMER 2023

PLEASE ATTACH FULL IMMUNIZATION

MEDICAL HISTORY

Height _____ Weight _____

Date of Last Physical Exam _____

Is camper currently on medication? _____

Name of medication _____

Dosage _____

Reason _____

Indicate if being treated for the following:

DIABETES _____ SEIZURES _____

HAY FEVER _____

FREQ. STREP THROAT _____

FREQ. EAR INFECTION _____

ASTHMA _____

MEDICATION ALLERGIES	Please check	COMMENTS
PENICILLIN	YES ___ NO ___	
OTHER	YES ___ NO ___	
FOODS	YES ___ NO ___	
FOODS	YES ___ NO ___	

List date and description of Operations. Serious Illness, Fractures

Chronic or recurring illnesses

Please note any restrictions for Diet, Swimming, Strenuous Activities or other restrictions or limitations:

To the best of my knowledge the information stated above is true and accurate:

Date _____

Physician's name _____ Address _____

Signature _____ Telephone _____

To be completed by Parents

Medical Insurance provider

Carrier _____ Policy Holder Name and date of Birth _____

Child's relation to Policy holder _____

Identification Number _____

Major medical or other Insurer _____

Consent for Medical Treatment

This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted by me and the examining physician.

I hereby give permission to the camp director to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible.

Child Name _____

Parent (or Guardian) Signature _____

Relation to child _____

Telephone

Date
